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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:				

LLC REGISTERED AGENT CHANGE ASHFORD APARTMENTS LLC

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O 11/29/2023 9:18 AM

COVER LETTER

	istration Section ision of Corporations						
SUBJECT:	Ashford Apartments LLC						
SODULCI.	Name of Limited Liability Company						
Dear Sir or	Madam:						
The enclose	d Registered Agent/Registered (Office Change an	d fee(s) are submitted for filing.				
Please return	n all correspondence concerning	this matter to th	c following:				
Lori Whaler	١						
	Name of Person						
Registered A	gent Solutions, Inc.						
	Firm/Company						
Corporate Co	enter One, 5301 Southwest Pkwy, S	Ste 400					
	Address						
Austin, TX	78735						
	City/State and Zip Cod	c					
E-mai	l address: (to be used for future	annual report no	ification)				
For further	information concerning this mat	ter, please call:					
Lori Whale	n	888 at (705-7274				
	Name of Person		Area Code & Daytime Telephone Number				
Re _l Div P.C	gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
En	closed is a check for the follow	ing amount:					
= !	\$25 Filing Fee	a	\$55 Filing Fee & Certified Copy				
INHS18 (2/1	4)						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: Ashford Apartme	ents LLC	; 					
2. (a)	585 BOYLSTON ST		(b) 585 BOYLSTON ST					
()	Principal office address of limited liability company:	'`	· /	Mailing address of				
	(<u>Note: MUST BE STREET ADDRESS</u>)		ATUELO	(<u>Note: MAY BE</u>	POST OF	FICE B	OX)	
	4TH FLOOR		4TH FLO					
	BOSTON, MA 02116	_	BOSTO	N, MA 02116				
	2/2/2022		L2200003	6432				
3.	Date of filing/registration in Florida	4.		Document nun	ıber			
£ (-)	TRAC - THE REGISTERED AGENT COMPANY							
5. (a)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of Sta	te:				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u> </u>	_				
	236 E. 6TH AVE			_				
	TALLAHASSEE, FL_	32303	· · · · · · · · · · · · · · · · · · ·	_	: -	202		
(b)	Registered Agent Solutions, Inc.				·	2023 NOV 2	2	
(,	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	_	•	29		
	2894 Remington Green Ln.					PM	and K	
	NEW Registered Office Address:				; -			
	Ste. A			_	• •	25		
	Tallahassee, FL_	32308		_				
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registere bility co f the lim	ed office an mpany, it i ited liabilit	id the business o s hereby confirm ty company or as	ffice of the	ie regis ie char	stered ige(s)	
/s/	Jaclyn Wright	Jac	yn Wright	At	uthorized	d Pers	son	
	ture of a member or authorized representative of a member			Printed or typed n	name of sign	iec		
provisi the obl to mere	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	ve to act performa for in C ereby co	in this cap ince of my Thapter 602 Infirm that	acity. I further of duties, and I am 5, F.S. Or, if this the limited liabi	agree to c Jamiliar s documer lity compo	omply with ai it is be any ha	with the nd accept ing filed s been	
Signatu	Mackenzie Hibler, Asst. Secret	ary						